

P97000032972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

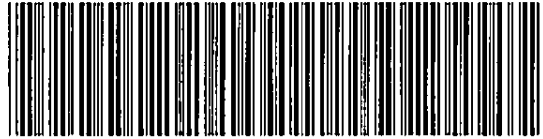
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael Hennigan MD PA
(Name of Corporation)

DOCUMENT NUMBER: P97000032972

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Macie Deese
(Name of Person)

Michael Hennigan MD PA
(Name of Firm/Company)

1847 Florida Avenue
(Address)

Panama City FL 32405
(City/State and Zip Code)

For further information concerning this matter, please call:

Hope Hennigan at (850) 814 5016
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Macie Deese

(Name of Registered Agent)

hereby resigns as Registered Agent for Michael W. Hennigan MD PA

(Name of Corporation)

P97000032972

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2024 JUN 15 11:34

July 17, 2024

FL Dept of State

Amendment Section

PO BOX 6327

Tallahassee, FL 32314

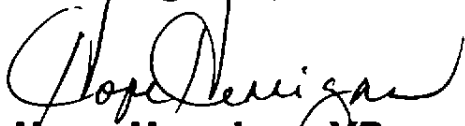
RE: P97000032972

Please find enclosed documentation to remove registered officer, Macie Deese from S corp, Michael W. Hennigan MD, PA, 1847 Florida Avenue, Panama City, FL 32405

I've also enclosed an additional check in the amount of \$87.50 per fee schedule. Please shred or return previously sent check for \$35 sent and written in error.

If you have any questions, please don't hesitate to call, (850)814-5016.

Kind regards,

A handwritten signature in black ink, appearing to read 'Hope Hennigan', written over the printed name.

Hope Hennigan VP

Cc: file - Division of Corp 2024